

## APPLICATION DATA SHEET

### APPLICATION INFORMATION

Application Type:: REGULAR  
Subject Matter:: UTILITY  
CD-ROM or CD-R?:: NONE  
Title:: ADAPTABLE RESOURCE MODEL  
Attorney Docket Number:: 242501US2  
Total Drawing Sheets:: 5

### INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: CANADA  
Status:: FULL CAPACITY  
Given Name:: CHRISTOPHER  
Family Name:: DEAN  
City of Residence:: OTTAWA  
State or Province of Residence:: ONTARIO  
Country of Residence:: CANADA  
Street of Mailing Address:: 29 Kings Landing Priv.  
City of Mailing Address:: OTTAWA  
State or Province of Mailing Address:: ONTARIO  
Country of Mailing Address:: CANADA  
Postal or Zip Code of Mailing Address:: K1S5P8

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: CANADA  
Status:: FULL CAPACITY  
Given Name:: STEPHEN  
Family Name:: MASON  
City of Residence:: GLOUCESTER  
State or Province of Residence:: ONTARIO  
Country of Residence:: CANADA  
Street of Mailing Address:: 4134 Wolfe Point Way  
City of Mailing Address:: GLOUCESTER  
State or Province of Mailing Address:: ONTARIO  
Country of Mailing Address:: CANADA  
Postal or Zip Code of Mailing Address:: K1V1P4

|   |                         |
|---|-------------------------|
| Applicant Authority Type::              | INVENTOR                |
| Primary Citizenship Country::           | CANADA                  |
| Status::                                | FULL CAPACITY           |
| Given Name::                            | CYRIL                   |
| Family Name::                           | SOGA                    |
| City of Residence::                     | ORLEANS                 |
| State or Province of Residence::        | ONTARIO                 |
| Country of Residence::                  | CANADA                  |
| Street of Mailing Address::             | 1851 Des Epinettes Ave. |
| City of Mailing Address::               | ORLEANS                 |
| State or Province of Mailing Address::  | ONTARIO                 |
| Country of Mailing Address::            | CANADA                  |
| Postal or Zip Code of Mailing Address:: | K1C6N2                  |
| Applicant Authority Type::              | INVENTOR                |
| Primary Citizenship Country::           | CANADA                  |
| Status::                                | FULL CAPACITY           |
| Given Name::                            | JULIEN                  |
| Family Name::                           | BRAINERD                |
| City of Residence::                     | NEPEAN                  |
| State or Province of Residence::        | ONTARIO                 |
| Country of Residence::                  | CANADA                  |
| Street of Mailing Address::             | 16 Oakwood Ave.         |
| City of Mailing Address::               | NEPEAN                  |
| State or Province of Mailing Address::  | ONTARIO                 |
| Country of Mailing Address::            | CANADA                  |
| Postal or Zip Code of Mailing Address:: | K2E6A5                  |

|   |                         |
|---|-------------------------|
| Applicant Authority Type::              | INVENTOR                |
| Primary Citizenship Country::           | CANADA/FRANCE           |
| Status::                                | FULL CAPACITY           |
| Given Name::                            | ALAIN                   |
| Family Name::                           | LEMOINE                 |
| City of Residence::                     | OTTAWA                  |
| State or Province of Residence::        | ONTARIO                 |
| Country of Residence::                  | CANADA                  |
| Street of Mailing Address::             | 364 Verdon Private      |
| City of Mailing Address::               | OTTAWA                  |
| State or Province of Mailing Address::  | ONTARIO                 |
| Country of Mailing Address::            | CANADA                  |
| Postal or Zip Code of Mailing Address:: | K1T3A2                  |
| Applicant Authority Type::              | INVENTOR                |
| Primary Citizenship Country::           | CANADA                  |
| Status::                                | FULL CAPACITY           |
| Given Name::                            | ED                      |
| Family Name::                           | MACIVER                 |
| City of Residence::                     | GLOUCESTER              |
| State or Province of Residence::        | ONTARIO                 |
| Country of Residence::                  | CANADA                  |
| Street of Mailing Address::             | 1893 Greenacre Crescent |
| City of Mailing Address::               | GLOUCESTER              |
| State or Province of Mailing Address::  | ONTARIO                 |
| Country of Mailing Address::            | CANADA                  |
| Postal or Zip Code of Mailing Address:: | K1J6S7                  |

|   |   |
|---|---|
| Applicant Authority Type::              | INVENTOR  |
| Primary Citizenship Country::           | UKRAINE   |
| Status::                                | FULL CAPACITY   |
| Given Name::                            | DMYTRO  |
| Family Name::                           | TOPTYGIN  |
| City of Residence::                     | OTTAWA  |
| State or Province of Residence::        | ONTARIO   |
| Country of Residence::                  | CANADA  |
| Street of Mailing Address::             | 4 McPeake Pl  |
| City of Mailing Address::               | OTTAWA  |
| State or Province of Mailing Address::  | ONTARIO   |
| Country of Mailing Address::            | CANADA  |
| Postal or Zip Code of Mailing Address:: | K2K3K4  |
| Applicant Authority Type::              | INVENTOR  |
| Primary Citizenship Country::           | CANADA  |
| Status::                                | FULL CAPACITY   |
| Given Name::                            | DAVID   |
| Family Name::                           | CULLERIER   |
| City of Residence::                     | OTTAWA  |
| State or Province of Residence::        | ONTARIO   |
| Country of Residence::                  | CANADA  |
| Street of Mailing Address::             | c/o EFTIA OSS SOLUTIONS INC, 150<br>Isabella St., Suite 900 |
| City of Mailing Address::               | OTTAWA  |
| State or Province of Mailing Address::  | ONTARIO   |
| Country of Mailing Address::            | CANADA  |
| Postal or Zip Code of Mailing Address:: | K1S1V7  |

#### CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

#### REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

#### DOMESTIC PRIORITY INFORMATION

| Application::    | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This Application | 119(e) of         | 60/408,289           | 09/06/02             |

## ASSIGNMENT INFORMATION

|   |                                |
|---|--------------------------------|
| Assignee Name::                         | EFTIA OSS SOLUTIONS INC.       |
| Street of Mailing Address::             | 150 Isabella Street, Suite 900 |
| City of Mailing Address::               | Ottawa                         |
| State or Province of Mailing Address::  | Ontario                        |
| Country of Mailing Address::            | Canada                         |
| Postal or Zip Code of Mailing Address:: | K1S 1V7                        |